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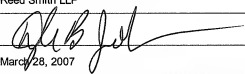
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/628,775	
	<b>Filing Date</b>	July 29, 2000	
	<b>First Named Inventor</b>	Koichi Kokusho	
	<b>Group Art Unit</b>	2625	
	<b>Examiner Name</b>	Robinson, Myles D.	
<b>Total Number of Pages in This Submission</b>	14	<b>Attorney Docket Number</b>	351778.04400

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Doyle B. Johnson (Reg. No. 39,240) Reed Smith LLP
Signature	
Date	March 28, 2007

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313, on this date: _____			
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Signature		Date	

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**FEE TRANSMITTAL  
for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1020.**Complete if Known**

Application Number	09/628,775
Filing Date	July 29, 2000
First Named Inventor	Koichi Kokusho
Examiner Name	Robinson, Myles D.
Art Unit	2625
Attorney Docket No.	351778.04400

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 50-2803

Deposit Account Name: REED SMITH LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 780 2001 395		Utility filing fee	
1002 350 2002 175		Design filing fee	
1003 550 2003 275		Plant filing fee	
1004 780 2004 395		Reissue filing fee	
1005 200 2005 100		Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>(\$)</b> 0

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 50 2202 25		Claims in excess of 20	
1201 200 2201 100		Independent claims in excess of 3	
1203 360 2203 180		Multiple dependent claim, if not paid	
1204 200 2204 100		** Reissue independent claims over original patent	
1205 50 2205 25		** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>0.</b>

\*or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130 2051 65		Surcharge - late filing fee or oath	
1052 50 2052 25		Surcharge - late provisional filing fee or cover sheet	
1053 130 1053 130		Non-English specification	
1812 2,520 1812 2,520		For filing a request for reexamination	
1804 920* 1804 920*		Requesting publication of SIR prior to Examiner action	
1805 1,840* 1805 1,840*		Requesting publication of SIR after Examiner action	
1251 120 2251 60		Extension for reply within first month	
1252 450 2252 225		Extension for reply within second month	
1253 1020 2253 510		Extension for reply within third month	1020.
1254 1,590 2254 795		Extension for reply within fourth month	
1255 2,160 2255 1,080		Extension for reply within fifth month	
1401 500 2401 250		Notice of Appeal	
1402 500 2402 250		Filing a brief in support of an appeal	
1403 1,000 2403 500		Request for oral hearing	
1451 1,510 1451 1,510		Petition to institute a public use proceeding	
1462 500 2462 250		Petition to revive - unavoidable	
1501 1,500 2501 750		Petition to revive - unintentional	
1501 1,400 2501 700		Utility issue fee (or reissue)	
1502 800 2502 400		Design issue fee	
1503 1,100 2503 550		Plant issue fee	
1460 130 1460 130		Petitions to the Commissioner	
1807 50 1807 50		Processing fee under 37 CFR 1.17 (g)	
1806 180 1806 180		Submission of Information Disclosure Stmt	
8021 40 8021 40		Recording each patent assignment per property (times number of properties)	
1809 790 2809 395		Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790 2810 395		For each additional invention to be examined (37 CFR § 1.129(b))	
1801 790 2801 395		Request for Continued Examination (RCE)	
1802 900 1802 900		Request for expedited examination of a design application	
<b>SUBTOTAL (3)</b>			<b>(\$)</b> 1020.

Other fee (specify):

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Name (Print/Type)	Douglas Johnson	Registration No. (Attorney/Agent)	39,240	Telephone	415-550-5569
Signature		Date	March 28, 2007		

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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